correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

1209

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

,	1	11	18	2_
Reg.	Dist.	No.	2	30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Worcester MARYLAND	STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Town Pocomoke City Z (ears)	OR TOWN Pocomoke 42
HOSPITAL OR INSTITUTION OR LOC * 1 3	STREET (If rural give location)
STREET ADDRESS 405 Linden Avenue	ADDRESS 405 Linden Avenue
S. NAME OF (First) (Middle) DECEASED: BEULAH ETTA CAMPBI	(Last) 4. DATE (Month) (Day) (Year) OF Jan. 5, 1956.
BACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or index work done during most of working life. even if retired): HOUSEWITE Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Henry	Lovie Waters
18. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Daughter: Elsie Moten,
(Yes, nMoor unk.) (If Yes, give war or dates of service)	3736 Hayes St., NE, Washington, D.C.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRACTING	al Hemontage and Convula 3 weeks al Hemontage 5 years light arxerioxlessis years
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20 AUTODOV
0	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
Charles M. Trader	LO. CREMATORY LOGATION (City, town, or county) (State)
During 1-9-36 70 all 7	Till en Pocamof, und.
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS

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BUREAU V. S.

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1212

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01184

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY // OTELLE MARYLAND	STATE COUNTY GIACUSTS
CITY (Il autside corporate limite; write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and hive naerestrown (In this plece)	TOWN KLING & WCINI CX
A County of Survey of	parties out on the
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS AT 50	ADDRESS 50 14 well west of forming Com
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Abouth) (Dey) (Year)
- (Type or Print) LDA (Nowe)	ARK DEATH LY 17 STOP
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthda IF UNDER 1 YEAR IF UNDER 24 HR
RAGE WIDOWED, DIVORCED, (Specify)	7 /9 22 Months Days Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	Yrs. 12. CITIZEN OF WHAT
done during most of working We even if OR INDUSTRY	COUNTRY2 A
ratired) formure	Mountainer, Md USH.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hueriehs	Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yeshing or unk.) (If Yas, give war or deles of service)	Mrs Deuloh Weson (doughty) S.T. A
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) COLORED DE	elepton acute of hours
ANTECEDENT CAUSE(S) DUE TO	1 0 11 1
DISEASES OR CONDITIONS, IF ANY, (B)	the CVI)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21e. INJURY OCCURRED White Not white	21f. HOW DID INJURY OCCUR?
M. at work .	
22. I hereby certify that i attended the deceased from Mula	6 , 1956, to Yau 17 , 196 , that I last saw the deceased
	0.30
alive on	
	ADDRESS (Street, city, town (state) DATE SIGNER
M.D.	Julian 44, 1110 xxxx 1/126.
23. BURIAL, COMATION, DATE THEREOF NAME OF CEMETERY OF	(0)
	s Cem. near - Chestertown, Md.
24. REC'D BY REGISTRAR 10 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V HI) I O O ChesTERIOWN

ALAEY LAND, STATE DIPARTAGNE OF HEALTH-BALTIMOND, 19

CERTIFICATE OF DEATH

Workerster Md Worldy Kuraf - Ceran City Revent-Certal City of months A ST Hendy west & House Cook 55 LIMBLE 11 20 Yed, 7 1872 83 Bultung, Md · 4513 William Hoerichs Elizabeth None Men Balloh Wilson (day the) Etu ind. Coverage of lucion accity Pelucus asternotelistic (21) Syeaus

None

Jan 132 Se Jan 12 SONEYN N. Z.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

01185

-									
I. PLACE O	F DEATH:				2. USUAL RES	IDENCE (HOMI	E) OF DECEASE	ED:	
COUNTY	Worcester		MARY	LAND	STATE Ma	ryland		COUNTY	orcester
CITY (If OR and TOWN	outside corporate li give nearest town) Pocomoke		RURAL LENGTH		OR	tside corporate l			ive nearest town
HOSPITAL					STREET		(If rural give lo	cation)	- /
STREET		ome			ADDRESS	R.F.D.# 2	Box 80		*
3. NAME OF DECEASED (Type or P			(Middle)	Dennis	(Last)	4. DATE OF DEATH	(Month) Jan. 4	(Day)	(Year) 19 56
5. SEX:	S. COLOR OR RACE:	WIDOW	, MARRIED, ED, DIVORCED,	8. DATE	OF BIRTH:				IF UNDER 24 HRS. Hours Min.
F. /	C.	(Specify		Sept. 7	1343	42	yrs.		
work done	OCCUPATIONGive e during most of wor directic	king life,	IOb. KIND OF BI				oreign country):	COU	NTRY?
13. FATHER'S			House work		Maryla			U.S.	h.
1 1	tt Bostan				Louise	Rell			
15 WAS DECEA	ASED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURI	TY No.: 17.		ADDRESS:		1111	
(Yes, no, or un	(If Yes, give war service)	or dates of	None	~	Lavier	Butter	- La Poco	moke	Md/
	S OR CONDITIONS		LEADING TO D		ON	0 1.7			Interval Betwee Onset And Deat
	ate cause	(a) DUE I		H.CO.	MAGOCI	ORAL GA	J		
	ent causes (s) or conditions, If an				0				
wiving vi	se to the above cause underlying cause	(0)	0	**********************	,		***************************************		
		(e)							
Conditions	IGNIFICANT COND contributing to the the disease or condit	death but no							
			FINDINGS OF O	PERATION				2	O. AUTOPSY ?
									Yes No No
21. ACCIDENT SUICIDE HOMICIDI	(12,0012))	OF INJUR	(Home, farm, fa office bldg., etc	ctory, street,	(CITY OR TO	OWN)	(COUNTY)	(STAT	rie)
OF	nth) (Day) (Year)		INJURY OCCUR	ED t While	HOW DID INJ	URY OCCUR?			
INJURY		m.	Work At	Work [
22. I hereby	y certify that I a	ttended the	deceased from	V-1	,19:5% to	1 — F, I	of that I	last saw	v the deceased
alive on	UNE 3 10	b, and the	hat death occu Degree or title)	rred at S.i.	M. P. Ju, fo	rom the cause	s and on the	date stat	ted above.
	-6. Cu	John			Ben	- Efe	ech 16	1-	7-56
BURIAL,	CREMATION, DA	TE THEREO / 8/56	St Ja		em.			or county	(State)
DATE REC	D'D BY LOCAL RE		SIGNATURE		FUNERAL DI	RECTOR	o col	A	DDRESS
STP 11 3. 1	0.1456 1	11110	CO 114	1100	Waster 1/8	Must no - Y	wwwww	11 /	1110

VS. A15

PLEASE WRITE PLAINLY, WITH



BUREAU V. S.

20. AUTOPSY?

DATE SIGNED

ONSER AND DEATH

Yes No (State)

Reg. Dist.

(Year)

12. CITIZEN OF WHAT

COUNTRY

(Day)

Days

21a. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. OF street, office bldg., etc., 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at Not while INJURY at work

21f. HOW DID INJURY OCCUR?

21c. (City or town)

find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY

21b. PLACE (Home, farm, factory,

23. BURIAL, CREMATION, REMOVAL (Specify) : Kernel

DATE THEREOF

Halla Idel

LOCATION (City, town, or county)

(County)

(State)

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATUREL

24. EUNERAL DIRECTOR

ADDRESS

W SE

DECENVED SECTION NAC

BUREAU V. S.

72 hours after death. After this director, the third copy of this

the registrar within by the funeral

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1214

CERTIFICATE OF DEATH

01187 Reg. Dist. No. 35

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WORCESTER MARYLAND	STATE MD COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) (In this place)	Town R = 2
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS NI MISSING ST
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
DECEASED	OF (
(Type or Print) ADELIA TRANCES	HAY VY ARD DEATH JAN 24 1956
RACE , WIDOWED, DIVORCED,	DATE OF BIRT 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
VY ISPOSITIVI DOW S	SPT. 23, 867 88 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY &	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ratical)	5 Snow HILL MD U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELIJAH PARSONS	GORDY
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detes of service)	MRS. ANTHONY PURNOLL DERLIN
18. MEDICAL	L CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Paralytic S	hus see To Pentionitic 5 day
DISEASES OR CONDITIONS, IF ANY, (B) Personal Min	venticuli of Signaid 3 - 4 Year
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	seis Senendered - 10 mm
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20/AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not while at work	
22. I hereby certify that I attended the deceased from	19. 47., to Jan 2 4., 19 15 17, that I last saw the deceased
1	~70 4
alive on 19 5 and that death occurs	red at 2
Heumand Kallery	Benon med thele
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	181-
	INGHAM BERLIN
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
101. 100 1117	

CERTIFICATE OF DEATH

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1215

CERTIFICATE OF DEATH

Reg. Dist. No. 350

01188

OBMITTION 1	d Of DEATH Reg. Dist	No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Worcester MARYLAND	STATE Maryland county Word	rector
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL,	and give nearest town
OR and give nearest town) (In this place) TOWN RURAL - Pocomoke, Md. Life	TOWN RURAL - Pocomoke, N	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS RFD #3	RFD #3	
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) Samuel Upshur	Jones DEATH: Nanuary	7 18 19 56
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	FAR IF UNDER 24 HRB.
	ary 26,1874 81 yrs. Months D	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Farmer own		JSA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7.022
George Thomas Jones	Sarah Wise Payne	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	Mrs Ada Jones Burbage	
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Mrs Ada Jones Burbage Ocean City, Maryland	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) (ARC	liae Failure	For Mustine
DUE TO		Few MINUTES
CIVING DICE TO THE ADOVE CALLET	RVATION	Few Warks
	, Nom A of Stomach	10
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Imperior
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AR TERL		Linkman
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	a de la mana de	20. AUTOPSY?
15 September 1955 (ARCINIMAY STOMACL C		YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	n. , 19 1 to Jan 18 , 1956, that I last	saw the deceased
alive on 1956, and that death occurred at	I'IS FM, from the causes and on the date :	stated above.
MSIGNATURE &	D. Pocomoke, had. DAT	re signed
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	
Burial Jan 21,1956 Remson Cer	metery RURAL-Pocomoke	, Maryland

Watson,

Pocomoke,

Maryland

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

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Supply every item of information carefully.

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VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

RE, 18 ()1189 Reg. Dist. No. 355

>						
caretuii legibly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
egi	COUNTY WORCHESTER MARYLAND	STATE MARYLAND COUNTY WORCHESTER				
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
and	Y TOWN RURAL - BISHOP 2 YRS	TOWN RURAL - BISHOP				
nar ly	HOSPITAL OR	STREET (If rural give location)				
information clearly and	INSTITUTION OR STREET ADDRESS	ADDRESS BISHOP RD #/				
ih c	DECELOED.	Last) 4. DATE (Month) (Day) (Year)				
death	(Type or Print) EL TANOR V. LEI	ASURE DEATH: JAN. 15 1956				
of	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
every	IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT				
63 //	work done during most of working life, even if retired) HOUSEKEERER	MARYLAND COUNTRY?				
the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
	JERIMIAH LEASURE	CAROLINE MACKELFISH				
Mrite	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
	(Yes, no, or unk.) (If Yes, give war or dates of service)	MRS. NORMAN HOLLAWAY BISHOP, Md RP#1				
please	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
D D	1/201					
A.	IMMEDIATE CAUSE (A) Courte (A)	caronary / day				
ian	DUE TO					
/sic	DISEASES OR CONDITIONS, IF ANY. (B) Revelle	ather and arteuncleroses 3 year				
Th UNFA	STATING UNDERLYING CAUSE LAST. DUE TO					
-	(c) Kenle	carges.				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
OC	DISEASE OR CONDITION CAUSING DEATH.	lity o percho paychois				
impor	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
7	0	YES NO NO				
(1)	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State)				
espe		21F. HOW DID INJURY OCCUR?				
13. K	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work					
5	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased					
1 8 E	alive on, 19, and that death occurred at					
et E	SIGNATURE	ADDRESS DATE SIGNED				
correct	Robert G. South har M.	o. Belle hd. 1815/36				
COL	23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)				
EA	BURIAL JAN. 18, 1956 ROSE HIL	L CUMBERLAND Md.				
로		24. FUNERAL DIRECTOR ADDRESS				
	REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	Any A. Rules Boslin Mil				

BUREAU V. A.

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Supply every item of information carefully.

please write the causes of death clearly and legibly.

WITH UNFADING INK.

especially important. Physicians:

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correct age

PLEASE TYPE

OR WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 4 ...

CERTIFICATE OF DEATH

Reg.	Diet	Min	-7	50
neg.	DIST.	NO.	-	~~

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Worcester MARYLAND	STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Pocomoke LENGTH OF STAY (in this place)	CITYIIf outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME	STREET (If rural give location) ADDRESS 403 Oxford St.
DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Polly Selby	DEATH: Jan. 2, 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed March	9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 HRS. 2, 1890 65 Yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Housework	Virginia U.S.A.
19. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Wallop	Mary Hickman
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
	noward waterp - van Hack, ug.
18. MEDICAL CERTIFICAT. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BEIMEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (A) Cangestine	Heart tailure 2 days
ANTECEDENT CAUSE (S! DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	encian app. 8 mas.
(C) Leverole	is a arteri, selmani 7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not white at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Magazine alive on 1956, and that death occurred at SIGNATURE Deceased 3 3 let 1	1) 355, to 2 , 1956, that I last saw the deceased MADRESS PATE SIGNED 4, 1956
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE JEMOVAL (SPECIFY) A 7-90 Name of CEMETE A 215	ery or crematory docation (City, town, or county) (State)
REGISTRAR 1956 MME & Thete	2 FUNERAL DIRECTOR LADDRESS ADDRESS VA.

THE RESERVE OF THE PROPERTY OF BUREAU V. S. JOSE SI WAL

	CERTIFICAT	E OF DEAT	Reg. I	Dist. No. QQ/
h PLACE OF DEATH:	1	2. USUAL RESIDE	NCE (HOME) OF DECE	SED:
COUNTY WOYCE	TET MARYLAND	STATE /VI	COUNTY W	orcester
CITY (If outside corporate limits, von and give nearest town) TOWN Newark	rite RURAL LENGTH OF STAY (in this place)	CITY(If outside on TOWN	eyrporate limits, write RURA	AL and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET	(If rural give iocat	ion)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SII	Rolla San	(Last)	4. DATE (Month) OF DEATH: Jan.	(Day) (Year) 2 1956
5. SEX: 6. COLOR OR 7. SII	IGLE. MARRIED. DOWED. DIVORCED, Secily): Widow Sept	OF BIRTH:	DEATH: UQV. D. AGE last birthday IF UNOE Months	R 1 YEAR IF UNDER 24 HR
10A. USUAL OCCUPATION (Give kind of work done during most of working life even it retired):	1 108. KIND OF BUSINESS	11. BIRTHPLACE (12. CITIZEN OF WHA
13. FATHER'S NAME:	·	14. MOTHER'S MA	NA P	0,5,77.
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, na or unk.) (If Yes, give yet or of service)		17. INFORMANT 8	mer L. Smi	the Newark, 1
I DISEASES OR CONDITIONS DIRE	18. MEDICAL CERTIFICA CTLY LEADING TO DEATH (A) BURES	ensur a	Henoulei	INTERVAL BETWE
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY		renal	disease	namy
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAS	DUE TO			
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI 19a. DATE OF OPERATION: 19B. M	S CONTRIBUTING TO THE			
	AJOR FINDINGS OF OPERATION	DN		20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 21D. TIME (Month) (Day) (Year) (Hope of the contribution)	218. PLACE (Home, farm, fa OF INJURY street, office bldg	etory, 21c. WHERE D		ounty) (State)
OF MASOR!	our) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID I	NJURY OCCUR?	
	ed the deceased from 195	3 , 19, to 1/3	2/56, 19, that I	ast saw the deceas
22. I hereby certify that I attend alive on	and that death occurred a	M, from th		DATE SIGNED
23. BURIAL, CHEMATION, DATE TO		TERY OR CREMATORY	LOCATION (City, town	a, or county) (Stat

ADDRESS

BUREAU V. S.

DECEIVED 1956

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01192

1218

CERTIFICATE OF DEATH

Reg. Dist. No. 335

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1
	COUNTY WOULSELD MARYLAND	STATE MICH COUNTY/MOUNT	elle
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside sorporate limits, write RURAL and give neares	t town)
	OR sed eve nearest town (in this place)	TOWN SNOTH TILL RU	ral#1x
	HOSPITALOR	STREET (It rural give location)	
	INSTITUTION OR STREET ADDRESS	ADDRESS	/
I	3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) Robert A.	llar DEATH an.	8 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDQUEST, DIYORCED,		YEAR IF UNDER 24 HRS. Days Hours I Min.
	Male Collared Spothydowid une	2 15/1060 96/6/24	
	dans during man absumble a life own if	11. PIRTHY LACE (State or foreign country) 12.	CITIZEN OF WHAT
1	Millied Manner Jenant Harmer	Snowfill, mg	
	13/ FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	acor Victor	Improvoy.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or ank.). (If Yas, give war or dates of service)	17. INFORMANT & ADDRESS	1/11
2	(it is, no, of not (it is, give war of datas of service) none	mslatoigh fuclous	willed, my
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	9/200 Tone	wie Carlia varendur Durine	2
	200.70		
	DISEASES OR CONDITIONS, IF ANY, (B)		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
	(C)		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		DO ALIZONOMA
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
	While Not while	II. HOW DID INJURY OCCUR?	
	M. et work et work	110 051	
	22. I hereby certify that I attended the deceased from	742	
<	alive on	ADDRESS (Street, city, towa, state)	DATE SIGNED
5	Mayor & Church MA	Many Heal Ma.	119/56
	23. BURAL CREMATION, PATE THEREOF MAME OF CEMETERY OR C	REMAJORY LOCATION (City, town, or county)	(Steta)
SISC	Principal Sam. 12/50 Coolshima	- Va to Visit	ma
2	24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25. FUNERAL PORECTOR'S SIGNATURE	DDRESS
	DATE CIN 11, SO Chupe 6. Coopee	Mayo tamms, Snowthe	lo, mg

SELECTION OF ARCHITECTURE OF HEALTH SELECTION OF A LYNAM

CERTIFICATE OF DEATH

BUREAU V. S.

MAC AND DESCRIPTION OF THE PARTY OF